



Docket No. 78805/JPW/MC

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ehud Cohen et al.
 Serial No. : 10/722,559 Examiner: M. Bockelman
 Filed : November 25, 2003 Group Art Unit: 3766
 For : TREATMENT OF DISORDERS BY UNIDIRECTIONAL NERVE STIMULATION

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 14, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	90 -	* 103 =	*** 0 X	\$26	\$52	=	0
Independent Claims	3 -	** 4 =	*** 0 X	\$110	\$220	=	0
Multiple Dependent Claim(s) Presented For First Time	Yes <input checked="" type="checkbox"/> No			\$195	\$390	=	0
				TOTAL ADDITIONAL FEE \$ 0			

- The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Ehud Cohen et al.
Serial No. : 10/722,589
Filed : November 25, 2003

Amendment Transmittal Letter
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The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ 1,110.00 for a Petition for 3 Month(s) Extension of Time
 Other (identify): _____

THE TOTAL FEE DUE IS \$ 1,110.00.

- A check in the amount of \$ 1,110.00 is enclosed.
 Please charge Deposit Account No. in the amount of
\$.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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John P. White 11/14/08

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Date
John P. White Reg. No. 28,678	